

VETERAN STATEMENT OF RESPONSIBILITY

Print Name _____ SSN _____

Address/City/State/Zip _____

Telephone () _____ DOB (mm/dd/yy) _____

E-Mail Address _____

*Present Major _____ *Present Degree Objective _____

MyCoyote ID # _____ Claim # (If Chapter 35) _____

*To be certified for educational benefits, you must be enrolled in a degree program and **declare a major**. If you fail to do this by your second quarter of attendance, your VA benefits **will stop!** If you have any questions, contact the Veteran Coordinator at (909) 537-5213.

Please check the benefit program for which you are applying.

- REAP (Chapter 1607) Reserve G.I. Bill (Chapter 1606) G.I. Bill (Chapter 30)
- Post 9/11 G.I. Bill (Chapter 33) Dependent Benefits (Chapter 35)

**Please indicate the number of units for which you want to be certified.
You will be certified only for the term or terms you check below.**

Summer 09 Regular-10 Wk No. of units _____	Summer 09 Six Wk 1 No. of units _____	Summer 09 Six Wk 2 No. of units _____
Fall 2009 No. of units _____	Winter 2010 No. of units _____	Spring 2010 No. of units _____

I request that California State University, San Bernardino, submit the appropriate forms to the Veterans Administration. I also give the University permission to notify the VA if I change my unit status, make unsatisfactory academic progress, or withdraw from school and to furnish other information requested by the VA in regards to this claim. I understand that it is my responsibility to notify the VA Coordinator immediately of any changes or withdrawals. Failure to do so in a timely manner may result in an over payment by the VA Administration for which I may be required to repay.

Signature of Applicant _____ Date _____